DATE	: <u>09-20-11</u>	
O SPE OF	: ART UNIT	
SUBJECT	: Request for Certificate of Correction	on for Appl. No.: <u>10/572607</u> Patent No.: <u>7942392</u>
		CofC mailroom date: 06-16-11
Please resp	ond to this request for a certi	ficate of correction within 7 days.
FOR IFW F	ILES:	
he IFW ap	ew the requested changes/co plication image. No new matt the claims be changed.	rrections as shown in the COCIN document(s) in ter should be introduced, nor should the scope or
	iplete the response (see belowent code COCX.	w) and forward the completed response to scanning
FOR PAPE	R FILES:	
		errections as shown in the attached certificate of ee below) and forward it with the file to:
Rande	icates of Correction Branch (CofC) olph Square – 9D10-A Location 7580	Alexan
Note:		
		CofC Branch 703-756-1814
		Cold Branch 703-730-1314
Thank You	ı For Your Assistance	Cole Branch 703-730-1314
The reque		ntifled correction(s) is hereby:
The reque	st for issuing the above-ide	
The reques Note your decision	st for issuing the above-ide on on the appropriate box.	ntified correction(s) is hereby:
The reques Note your decision	st for issuing the above-ide on on the appropriate box. Approved	ntified correction(s) is hereby: All changes apply.
The reques Note your decision	st for issuing the above-ide on on the appropriate box. Approved Approved in Part Denied These changes have b	ntifled correction(s) is hereby: All changes apply. Specify below which changes do not apply.
The reques Note your decision Comments	st for issuing the above-ide on on the appropriate box. Approved Approved in Part Denied These changes have b	ntifled correction(s) is hereby: All changes apply. Specify below which changes do not apply. State the reasons for denial below.
The reques Note your decision Comments	st for issuing the above-ide on on the appropriate box. Approved Approved in Part Denied These changes have best	All changes apply. Specify below which changes do not apply. State the reasons for denial below. een approved by the Primary examiner Lee D Wilson.
The reques Note your decision Comments	st for issuing the above-ide on on the appropriate box. Approved Approved in Part Denied These changes have best	All changes apply. Specify below which changes do not apply. State the reasons for denial below. een approved by the Primary examiner Lee D Wilson.